CRITICAL POINTS IN RANDOMIZED RESEARCH ON DCD DONOR IN-SITU PERFUSION (NRP): THE INTERIM DONARE STUDY CLINICAL EVALUATION

Masiero Lucia*, Procaccio Francesco*, Vespasiano Francesca*, Puoti Francesca*, Bedeschi Gaia*, Prugnoli Manila¹, Antonini Marta V¹, Peverelli Susanna², Lombardo Andrea², Baroni Stefano³, Fassini Paola⁴, Lanzillotti Gabriella⁴, De Min Federica⁵, Donato Maria A⁵, Sacchi Marco⁶, Masturzo Elisabetta⁶, Vesconi Ssergio[°], Decillia Carlo⁷, Troni Alessia^{*}, Montemurro Antonino^{*} and Cardillo Massimo^{*} on behalf of the DONARE Study Working Group

* Italian National Transplant Centre (CNT). National Health Institute, Rome, ¹Cesena; ²Como; ³Modena-Baggiovara; ⁴Legnano; ⁵Varese; ⁶ Milano-Niguarda; ⁷ CRT Emilia-Romagna, ° Transplantation Foundation Onlus, Milan

BACKGROUND AND RATIONAL

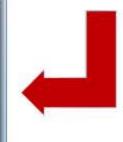
- Controlled DCD organ donation (cDCD) is a strategic target for the Italian transplantation network.
- Italian peculiarities in cDCD donation raise concern over organ ischemic damage.
- > To counter the risk of ischemic damage linked to regulatory obligations on the assessment of death Normothermic regional perfusion (NRP) has been strongly recommended in potential cDCD donors.
- > NRP has been shown to be the most effective method of preservation and functional evaluation of abdominal organs in DCD donors

To date, it is not known whether: the inflammatory response changes during NRP and there is an association with the suitability of the organs removed

DONARE study was designed to describe ischemic-reperfusion and inflammatory biomarkers during NRP and to assess the potential benefit of apheresis by an adsorbent filter (Cytosorb®) included in the NRP circuit

The DONARE study protocol was defined by the DCD national working group

Coordinated by CNT and proposed to ALL THE ITALIAN DCD DONATION CENTERS



...after a long approval process by the coordinating center Ethics Committee and then a long process for approval in the centers followed

2. Policlinico Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico di Milano Milano Niguarda ASST Grande Ospedale Metropolitano Niguarda Participanting 4. Milano S.Paolo Milano ASST Santi Paolo e Carlo, Presidio San Paolo 5. Milano Legnano centers 6. Pavia IRCCS San Matteo 7. Varese Circolo-Fondazione Macchi Pending approval 8. Bergamo ASST Papa Giovanni XXIII 9. Brescia ASST Spedali Civili di Brescia → Pending approval PIEMONTE Ospedale San Giovanni Bosco – ASL città di Torino Ospedale Molinette – AOU Città della Salute e della Scienza di Torino **EMILIA ROMAGNA** Ospedale di Cesena 2. Ospedale di Baggiovara → Pending approval → Pending approval

Laboratory for

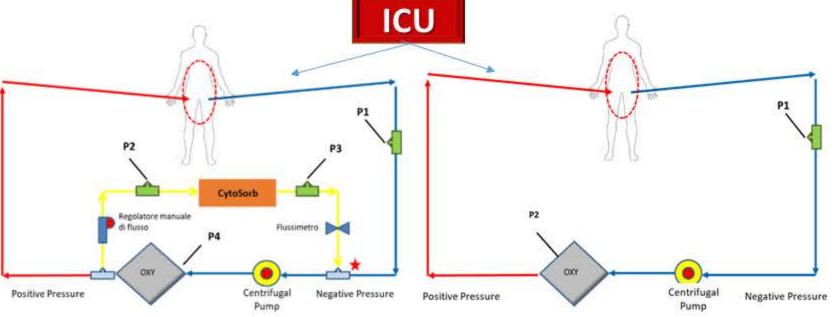
Start of the DONARE STUDY enrollment phase

The DONARE study protocol

CENTRALIZED RANDOMIZATION

40 Subjects randomly assign to 2 groups of treatments: with and without an adsorbent filter

(Cytosorb ®) included in the NRP circuit





ICU

Cytokine Dosage Serial samples (4/2 with/without Cytosorb®, from T0 to T4) in different points of the

DATA COLLECTION: TO - T4

Samples have been blindly centralized to an independent laboratory for cytokines profiling

CNT OVERALL DATA COLLECTION

OBJECTIVE

The AIM of this work is to describe the modulation of the clinical characteristics and of the NRP in the **DONARE** study enrolled cases

METHODS

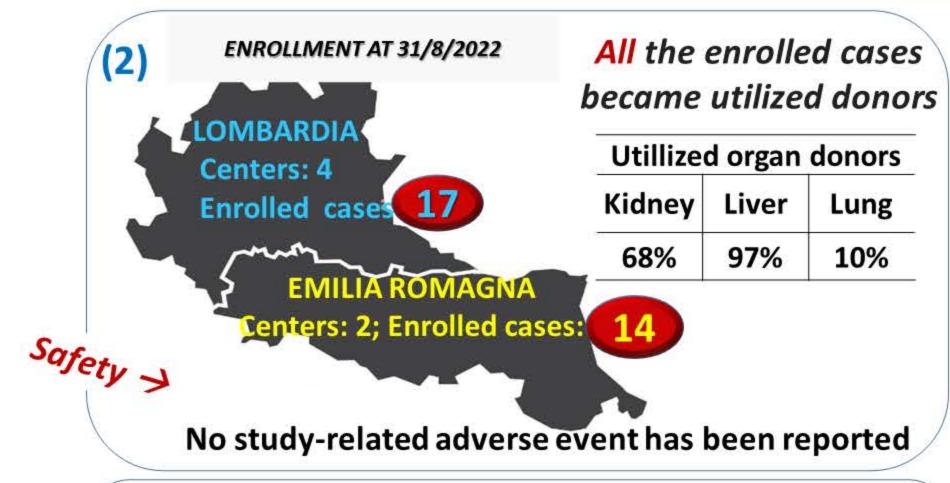
NRP circuit

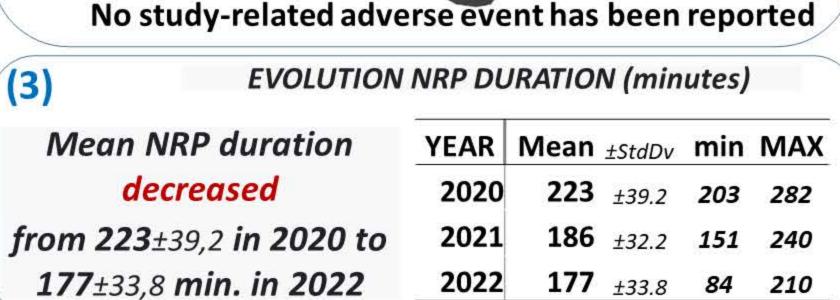
The coordinating center (CNT) has monitored the evolving cDCD activity to preserve the study capacity of representing the Italian scenario

RESULTS

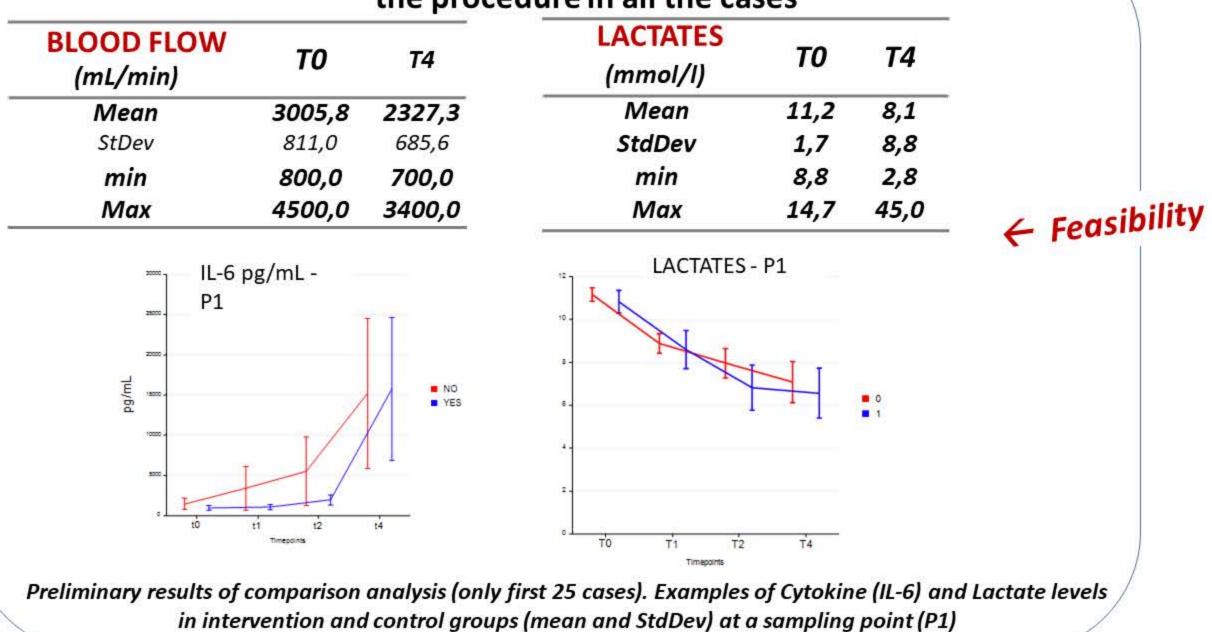
Main causes of exclusion among potential cDCD donors were: age above 65 (in 2020) At that time, the average age of DCDs in Italy was 70 and 20% of DCDs were 75 and older

	Study Period	N	Subject mean Age (years)	Italian DCD Age (years)	
Sept 2020 - April 2021		8	57 ± 5.9	70	
	AMENDMENT to	the protoco	I: NO MAXIMUM AG	NO MAXIMUM AGE LIMIT	
	2021 (May-Dec)	11	61 ± 9.0		
	2022 (Jan – Aug)		65,5 ± 10.8		





Serial samples have been completed throughout (4)the procedure in all the cases **LACTATES** TO T4 T0



CONCLUSIONS

Coordination of multicenter studies in the rapidly evolving scenario of controlled DCD donation should take advantage of continuous monitoring of real-life procedures and auditing of adherence to operational recommendations.

The interim evaluation confirms the feasibility and safety of the study.